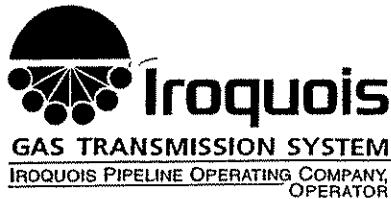


Attachment 14



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

AEGIS
10 Exchange Place
Jersey City, NJ 07302

**RE: Protection and Indemnity
Policy Number ARS-3175**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

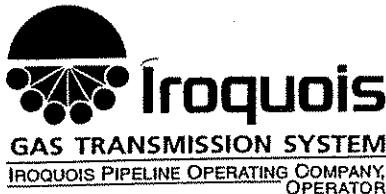
cc: Jeffrey Bruner - Iroquois Legal

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>AEGIS</i> <i>10 Exchange Place</i> <i>Jersey City, NJ</i> <i>07302</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p> <p><i>7002 0460 0000 9136 0958</i></p>			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

<p style="text-align: center;">U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p>														
OFFICIAL USE														
<i>9558</i> <i>9136</i> <i>0460</i> <i>0958</i> <i>2000</i> <i>2002</i>	<table border="1" style="width: 100px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Postage</td> <td style="padding: 2px; text-align: right;">\$</td> <td rowspan="6" style="vertical-align: middle; text-align: center;">Postmark Here</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	Postage	\$	Postmark Here										
	Postage	\$	Postmark Here											
<input type="checkbox"/> Certified Fee <input type="checkbox"/> Return Receipt Fee <i>(Endorsement Required)</i> <input type="checkbox"/> Restricted Delivery Fee <i>(Endorsement Required)</i>														
<input type="checkbox"/> Total Postage & Fees \$														
<p>Sent To <i>AEGIS</i></p>														
<p>Street, Apt. No.; <i>10 Exchange Place</i> or PO Box No.</p>														
<p>City, State, ZIP+4 <i>Jersey City NJ 07302</i></p>														
<p>PS Form 3800, January 2001</p>		<p>See Reverse for Instructions</p>												

IRO/AE 00585



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

Allianz of America
55 Greens Farm Road
P.O. Box 5160
Westport, CT 06881

**RE: All Risk Physical Damage to Property
Policy Number CLP 1034909**

Your Insured: Thales GeoSolutions, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

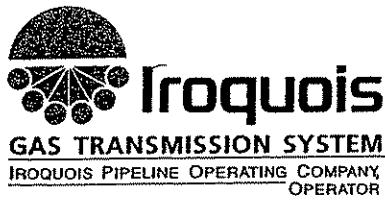
cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00586

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Philip E. Berndt</i></p> <p>B. Received by (Printed Name) <i>Philip E. Berndt</i></p> <p>C. Date of Delivery <i>3/20/01</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Allianz of America 55 Green Tree Rd. Westport, CT 06881</p>		<p>2. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Extra Fee <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 2003 7002 0460 0000 9136</p>		<p>3. Domestic Return Receipt PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
<input type="checkbox"/> Postage <input type="checkbox"/> Certified Fee <input type="checkbox"/> Return Receipt Fee (Endorsement Required) <input type="checkbox"/> Restricted Delivery Fee (Endorsement Required) <input type="checkbox"/> Total Postage & Fees	\$
Postmark Here	
<p>Sent To Allianz of America 55 Green Tree Rd. Westport, CT 06881 </p>	
<small>PS Form 3800, January 2001 See Reverse for Instructions</small>	



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 18, 2003

Via Certified Mail

American Home Assurance Company
c/o American International Marine Agency, Inc.
675 Bering Drive, Suite 600
Houston, TX 77057

**RE: Excess Liabilities
Policy Number C-1727
(ARS-3177)**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00588

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p style="text-align: center;">PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT</p>	
1. Article Addressed to: American Home Assurance 675 Bering Drive Suite 600 Houston TX 77057		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Joe New C. Date of Delivery 3/4/03 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service)</i> 7002 0460 0000 9136 0934		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

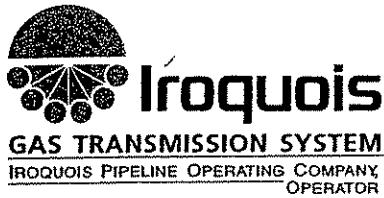
PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>					
OFFICIAL USE					
<input type="checkbox"/> Postage <input type="checkbox"/> Certified Fee <input type="checkbox"/> Return Receipt Fee <i>(Endorsement Required)</i> <input type="checkbox"/> Restricted Delivery Fee <i>(Endorsement Required)</i> <input type="checkbox"/> Total Postage & Fees	\$ <hr/> <hr/> <hr/> \$	Postmark Here			
			Sent To American Home Assurance 675 Bering Drive Houston TX 77057		
			Street, Apt. No.; or PO Box No. City, State, ZIP+4		
			PS Form 3800, January 2001		
			See Reverse for Instructions		

IRO/AE 00589



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 18, 2003

Via Certified Mail

American Home Assurance Company
c/o American International Marine Agency, Inc.
675 Bering Drive, Suite 600
Houston, TX 77057

RE: General Liabilities
Policy Number C-1727
(ARS 3177)

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

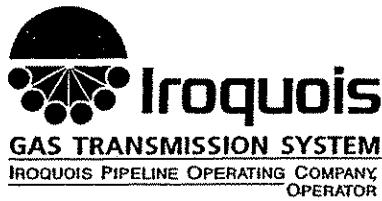
A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>American Home Assurance Co. 675 Bearng Drive Suite 600 Houston, TX 77057</p>		<p>2. Article Number (Transfer from service label)</p> <p>7002 2410 0001 2474 3016</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>	



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company
4600 Fuller Drive
Irving, TX 75038-6506

RE: Excess Liability
Policy Number: AT2827328
Policy Period: 12/31/02-12/31/03

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

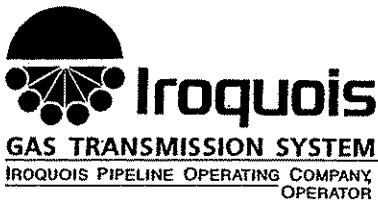
Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal





ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company
4600 Fuller Drive
Irving, TX 75038-6506

RE: General Liability
Policy Number: AT0692996
Policy Period: 12/31/01-12/31/03

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00593



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 20, 2003

Via Certified Mail

Atlantic Insurance Company
4600 Fuller Drive
Irving, TX 75038-6506

RE: Excess Liability
Policy Number: AT2827328
Policy Period: 12/31/02-12/31/03

Your Insured: Pegasus International Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

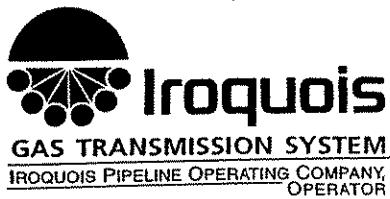
Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00594

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Al Johnson</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 3/25/03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>AHantic Insurance</i> <i>4600 Fuller Drive</i> <i>Irving, TX</i> <i>75038-6508</i> </p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p>		<p>7002 2410 0001 2474 2996</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

Liberty Insurance Underwriters
61 Broadway, 32nd Floor
New York, NY 10006

**RE: Excess Liabilities
Policy Number ARS-3215**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

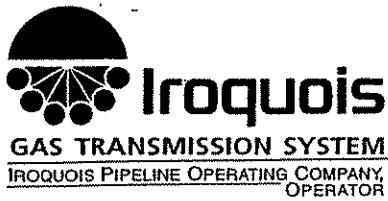
cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00596

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
<p>1. Article Addressed to:</p> <p>Liberty Insurance underwriters 61 Broadway 32710c New York, NY 10006</p>	
<p>A. Signature</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>John (Krao)</i></p> <p>C. Date of Delivery <i>3/20</i></p>	
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article (Type)</p> <p>PS Form 102595-02-M-154</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>																									
OFFICIAL USE																									
9970 9736 0000 0000 040 090 7002	<table border="1"> <tr> <td style="text-align: right;">Postage</td> <td style="text-align: right;">\$</td> <td rowspan="5" style="vertical-align: middle; text-align: right;">Postmark Here</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">Return Receipt Fee (Endorsement Required)</td> <td rowspan="2" style="vertical-align: middle; text-align: right;">Postmark Here</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">Restricted Delivery Fee (Endorsement Required)</td> <td rowspan="2" style="vertical-align: middle; text-align: right;">Postmark Here</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Postage & Fees</td> <td style="text-align: right;">\$</td> </tr> </table>	Postage	\$	Postmark Here									Return Receipt Fee (Endorsement Required)		Postmark Here			Restricted Delivery Fee (Endorsement Required)		Postmark Here			Total Postage & Fees		\$
Postage	\$	Postmark Here																							
Return Receipt Fee (Endorsement Required)		Postmark Here																							
Restricted Delivery Fee (Endorsement Required)		Postmark Here																							
Total Postage & Fees		\$																							
<p>Sent To <i>Liberty Insurance Underwriter</i> <i>601 Broadway 32 Floor</i> <i>Street, Apt. No.;</i> <i>or PO Box No.</i> <i>City, State, ZIP+4</i> <i>New York NY 10006</i> </p>																									



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

National Union Fire Insurance Co. of
Pittsburgh, Pennsylvania
175 Water Street
New York, NY 10038

**RE: Excess Liability
Policy Number BE 139 7353**

Your Insured: Thales GeoSolutions, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal

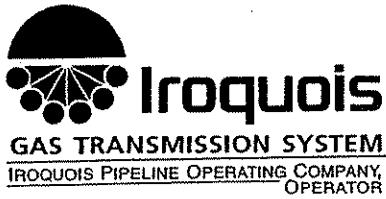


IRO/AE 00598

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by / Printed Name) RECEIVED</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: MAR 20 2003 <input type="checkbox"/> No</p> <p><i>the paper</i></p>	
<p>1. Article Addressed to:</p> <p>National Union Fire 175 Water Street New York, NY 10038</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. <input type="checkbox"/></p> <p>PS</p>		<p>102595-02-M-1540</p>	

<p style="text-align: center;">U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p>		
OFFICIAL USE		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
<p>Sent To <i>National Union Fire</i> Street, Apt. No.; or PO Box No. <i>175 Water Street</i> City, State, ZIP+4 <i>New York NY 10038</i></p>		

IRO/AE 00599



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

RE: Excess Liability
Policy Number ARS 3215

Your Insured: Horizon Offshore Contractors, Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

Michelle L. Wheeler

Michelle L. Wieler
Risk Management

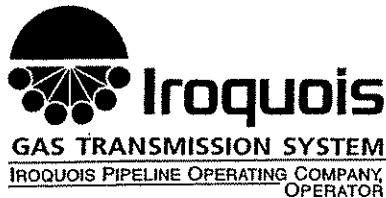
cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00600

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>G. Langwitz</i> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>G. Langwitz</i> C. Date of Delivery <i>3-20-03</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Navigators Insurance One Penn Plaza 55th Floor New York, NY 10119</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Description <i>(In)</i> PS Form</p>		<p>102595-02-M-1540</p>	

<p>U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i></p>			
OFFICIAL USE			
POSTAGE <input type="checkbox"/> Postage \$ <input type="text"/> <input type="checkbox"/> Certified Fee <input type="text"/> <input type="checkbox"/> Return Receipt Fee (Endorsement Required) <input type="text"/> <input type="checkbox"/> Restricted Delivery Fee (Endorsement Required) <input type="text"/> <input type="checkbox"/> Total Postage & Fees \$ <input type="text"/>	Postmark Here		
		Sent To <input type="text"/> <i>Navigators Insurance</i>	
		Street, Apt. No. or PO Box No. <input type="text"/> <i>One Penn Plaza</i>	
		City, State, ZIP+4 <input type="text"/> <i>New York NY 10119</i>	
		<small>PS Form 3800, January 2001</small> <small>See Reverse for Instructions</small>	



ONE CORPORATE DRIVE, SUITE 600
SHELTON, CT 06484-6211

TEL: (203) 925-7200
FAX: (203) 929-9501

March 17, 2003

Via Certified Mail

XL Specialty Insurance Co.
1540 E. American Lane, 20th Floor
Schaumburg, IL 60173

**RE: Excess Liabilities
Policy Number ARS-3215**

Your Insured: Horizon Offshore Contractors Inc.

Dear Ladies and Gentlemen:

On February 27, 2003 the New York Power Authority's (NYPA) Y49 cable was struck and damaged. NYPA has informed us that the costs associated with the temporary as well as permanent repairs will be extensive.

Although one would assume that your named insured has notified you concerning this loss, we as additional insured are nonetheless alerting you of NYPA's loss and Iroquois' potential claim against the policy of insurance written by your company.

Kindly acknowledge receipt of same.

Very truly yours,

A handwritten signature in black ink that reads "Michelle L. Wieler".

Michelle L. Wieler
Risk Management

cc: Jeffrey Bruner - Iroquois Legal



IRO/AE 00602

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

XL Specialty Insurance Co.
1540 E. American Lane
20th Floor
Shaumburg, IL
60173

2. Article Number
(Transfer from service label)

7002 0460 0000 9136 0989

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

RECEIVED	
X David L. Heath	
David L. Heath 1/21/2003	
B. Received by (Printed Name)	
C. Date of Delivery	
D: Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
9136 0460 0000 9136 0989	Postage	\$
	Certified Fee	
	<input type="checkbox"/> Return Receipt Fee (Endorsement Required)	
	<input type="checkbox"/> Restricted Delivery Fee (Endorsement Required)	
	<input type="checkbox"/> Total Postage & Fees	
	\$	
Postmark Here		
Sent To: XL Specialty Ins. Co. Street, Apt. No.; or PO Box No. 1540 E. American Lane City, State, ZIP+4 Shaumburg, IL 60173		
PS Form 3800, January 2001. See Reverse for Instructions		